

Case Number:	CM14-0087173		
Date Assigned:	08/08/2014	Date of Injury:	08/26/1997
Decision Date:	09/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 59-year-old female with an 8/26/97 date of injury. At the time (5/12/14) of the Decision for x-ray bilateral shoulders, there is documentation of subjective (left shoulder pain, low back pain, and neck pain) and objective (tenderness to palpation over the lateral left shoulder with decreased range of motion) findings, current diagnoses (left shoulder status post rotator cuff repair and pain in shoulder), and treatment to date (left shoulder rotator cuff repair (undated), medications, TENS [Transcutaneous Electrical Neural Stimulation] unit, physical therapy, and injections). In addition, medical report identifies previous x-rays of bilateral shoulders and a request for updated x-rays for transfer of care. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-Ray Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines:

Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of left shoulder status post rotator cuff repair and pain in shoulder. In addition, there is documentation of prior x-rays of bilateral shoulders. However, despite documentation of subjective (left shoulder pain, low back pain, and neck pain) and objective (tenderness to palpation over the lateral left shoulder with decreased range of motion) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, there is no documentation of subjective/objective findings in the right shoulder. Therefore, based on guidelines and a review of the evidence, the request for x-ray bilateral shoulders is not medically necessary.